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To the Honorable Judge of the Superior Court:

I am a clinical psychiatric social worker in private practice in New Britain, who works with individuals and families regarding issues of mental health and substance abuse. I started working with the Zappulla family (Maria, Sebastian and [REDACTED]) on March 30 2007, when they presented for family therapy. I have met with the family approximately every two weeks since that time. Sebastian and Maria had contacted me due to concerns about their daughter, [REDACTED] age 16, and her behavior. [REDACTED] was adopted from Lithuania at the age of 3- her biological loading for psychiatric illness is unknown. [REDACTED] was hospitalized at the Institute of Living in January 2006, following an incident of alcohol poisoning and an overdose on Tylenol. She was discharged from the IOL and referred to dual diagnosis treatment at Rushford Center's outpatient therapy from 2/06- 8/06. When she completed treatment there, she started to see Dr. Hirtreiter for individual therapy from March 2006- February 2007 for treatment of depression. She was prescribed an antidepressant at that time due to her symptoms. The family discontinued treatment, as they felt [REDACTED] was not improving and they had concerns about the communication with Dr. Hirtreiter regarding their daughter. [REDACTED] also was arrested in January 2007 for shoplifting and May 2007 for threatening, 3<sup>rd</sup> degree assault and disorderly conduct for threatening her brother with a knife. The mother reports she was kicked and knocked over by [REDACTED] that evening. There was another incident in the home in August 2007, in which Michael was verbally abused by [REDACTED] and then he hit her at which point she hit him back. When police arrived, Michael was arrested.

During our multiple family sessions, which occurred between March and August 2007, [REDACTED] was provocative, oppositional, at times antagonistic, threatening and attention seeking. She appeared to have issues of adolescence as well as issues related to being adopted as a child. [REDACTED] had not wanted to follow family rules, participate in family meals or chores. There were also concerns about her depression, deteriorating grades, sexual activity, stealing, lying and other antisocial behaviors. Her parents were concerned about her forging notes and sexually explicit text messages that she had received and was sending to several boys. They were also concerned about a journal they found in her room in which she described drug and alcohol use and multiple sexually explicit encounters with different male partners. She also journaled about hating her parents, wishing them dead and that she would enjoy watching them being tortured. They also reported incidents of finding boys in their home and smelling marijuana. In three separate incidents [REDACTED] defecated on top of a toilet seat and in a plastic tub, leaving her feces for her family to find and also urinated in a large plastic bag in the basement. During a session in early August, [REDACTED] stated she needed a safe for her room, "...big enough to hold a gun". She also repeated that she "...hates her parents". She was highly oppositional and verbally abusive to them during the session.

Sebastian and Maria were having a difficult time managing [REDACTED] behavior in the home, and since August, she has left the home living with her cheerleading coach. They had requested services from DCF, due to their concerns about her behavior and her threats against them. [REDACTED] was referred to Wheeler Clinic for an evaluation. The psychiatrist there, Dr. David Winokur, diagnosed her with Oppositional Defiant Disorder, Alcohol abuse, Anxiety Disorder and Major Depression by history. He gave a rule-out diagnosis of Physical abuse of a child and generalized anxiety disorder. Medication was recommended, but [REDACTED] adamantly declined" it. He also noted that the parents reported being afraid that [REDACTED] would follow through on her threat of "killing them in their sleep".

I have been working with the parents to assist them in having reasonable expectations of [REDACTED] (e. normal adolescent behavior vs. issues of substance abuse, depression.). I have also been working with them on not allowing [REDACTED] to provoke them and to maintain communication with her. The father voluntarily participated in anger management classes starting in August and successfully completed them. Intensive in-home services for the family and mental health and substance abuse treatment for [REDACTED] (provided through DCF oversight) were also recommended. The parents needed support from the court and DCF to assist in managing her behavior and were afraid to take her back into the home without it, due to her threats against them, and due to an incident in which she intentionally killed her brother's fish on his birthday. They were willing to cooperate with whatever the court recommended and have sought treatment voluntarily prior to the recent arrests due to concerns about their daughter and their family welfare.

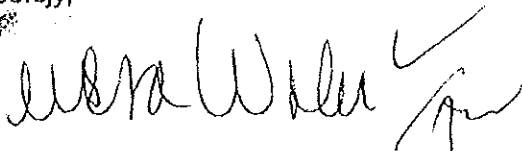
However, only approximately 2-3 session of family therapy were provided by DCF, and [REDACTED] has refused to participate in any therapy or take medications. During this, DCF provided "Multidimensional Family Therapy (approximately two sessions), case management (unknown what service this was besides attempting to place the parents on the DCF registry for abuse and neglect), Family Conferencing and transportation. [REDACTED] has not attended individual therapy in over three months, is not currently on medication and has refused to attend family therapy.

Since removal, [REDACTED] grades have deteriorated in school, she no longer has a job, she has had unexcused absences, forged her cheerleading coach's signature on a dismissal note, and has had unexcused tardies. She has claimed her parents have abused her however no previous reports to DCF were ever made and no physical findings of abuse despite "a history of corporal punishment" and her report of being "strangled to the point of passing out" in the past. In an interview on 1/16/08, with [REDACTED] brother; [REDACTED], he denies any family history of violence between his parents or towards himself or [REDACTED]. He denies ever being spanked, hit or witnessing [REDACTED] being hit. He denies any violence between his parents. His parents also deny any physical punishment of [REDACTED].

The only incidents of violence he referenced were with [REDACTED] belittling him, hitting him and screaming at his parents repeatedly. He stated that when [REDACTED] was home "she would say things to get them angry for no reason" and now that she is out of the house there is "peace and quiet". He identified incidents in which he felt threatened or angry as those in which [REDACTED] threatened him with a knife (see previous referenced incident). He also stated (which his parents confirmed) that she had killed his fish that he had for (5) years on his birthday by spraying Windex and soap into the aquarium. He identified that [REDACTED] was mean to him, broke his CD's, and stole money from him. He stated "She's a thief and a liar, she killed my fish and I hate her". He does not want her to return home due to her abuse of his parents and himself. He states that the house is better "without her ([REDACTED] stupidity".

To charge the parents with abuse in a case in which the 17 year old has a history severe mental health, substance abuse and credibility issues and in which minimal family restoration services or mental health services have been provided to the child, seems a disservice to this family, who has attempted to obtain help for their out of control daughter. Please feel free to contact me with any questions. Thank you.

Sjpeefejy,



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